

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

487⁹⁵

1 PLACE OF DEATH
County Benton
Civil Dist. 4 Registration District No. 30404 File No. 1
or Village Heasday Primary Registration District No. 4 Registered No. 1
or City town R 1 (No. _____, _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Wiley Richard Hoales

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Feb. 19, 1886
(Month) (Day) (Year)

7 AGE 68 yrs. 1 mos. 1 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Tenn

PARENTS
10 NAME OF FATHER Edd Hoales
11 BIRTHPLACE OF FATHER (State or country) Mo. Co.
12 MAIDEN NAME OF MOTHER Donna Kean
13 BIRTHPLACE OF MOTHER (State or country) Mo. Co.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 20, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1924, to Nov. 20, 1924, that I last saw him alive on Nov. 15, 1924, and that death occurred, on the date stated above, at 4 p.m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
31
(Duration) 2 yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. T. Coit M. D.
Nov 23, 1924 (Address) West Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Rehoboth Hill DATE OF BURIAL 3/21, 1924
20 UNDERTAKER i. Donnan Kean ADDRESS _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucian Brockens
(Address) Heasday Tenn

15 Filed 6/6/24 at R. C. Hedges REGISTRAR